CENTRAL
1 Park Place at Decatur Street
Atlanta, Georgia 30303
(404) 659-0440 Modem/FAX

NORTHEAST
1385 Oxford Road , N.E. • Suite 2
Atlanta, Georgia 30307
(404) 377-8500 Modem/FAX

(404) 377-8899

LAZER·AGE
PARTNERS IN PUBLISHING

06/25/92

Lisa Moore
P.O. Box 861
Decatur, GA 30031

MOORELISA *

Invoice No. 22154

Quant.	Item #	Description	Price	Cost/Unit	Exten.
30	210/F	Design/Layout	1.00	1.00	30.00
1	200/F	Typesetting (page)	15.00	15.00	15.00

We appreciate your business.

Sub Total 45.00

ac

Sales Tax 2.25
Total 47.25
CA Paid 10.00
Balance Due 37.25

Net 10 Days - Current Acct. Balance =$ 37.25

Newsletters & Brochures • Letterhead & Envelopes • Carbonless Forms • Invitations & Posters
Rubber Stamps & Labels • Catalogs & Manuals • Short-Run Publications • Business & Rolodex Cards

MEDLEY
INTERPRETERS, LLC
"when communication is essential"

Medley Interpreters, LLC
5295 Highway 78, Suite D-289
Stone Mountain, GA 30087
252558778
770-978-4851 office
678-232-4541 cell
medleyterps@cs.com

September 27, 2003

ZAMI, Inc.
Attention: Beryl Jackson "BJ"
P.O. Box 2502
Decatur, GA 30031
404-370-0920

Service Provided: Specialized Sign Language Interpreting
Location: First Existentialist Congregation – Atlanta, GA
Job Description: The Audre Lorde Scholarship Fund Event
Date of Service: Saturday, September 27, 2003 8:00 p.m. – ~~10:00~~ 11:45pm

Costs as listed in Purchase/Service Agreement:
amended on 9/23/03 from $200.00 to 225.00

Interpreting cost:
* Discount rates applied for non-profit status company/organization
* Differential added for Specialty Interpreting – Performance

Total Interpreting Cost = $ ~~225.00~~ 350.00 MB

** "Portal to Portal" & "Expenses Incurred" cost categories have been waived. **

Amount Due **~~$225.00~~ 350.00 MB**

Thank you for choosing Medley Interpreters, LLC for your interpreting needs.

350
250
600

MEDLEY
INTERPRETERS, LLC
"when communication is essential"

Medley Interpreters, LLC
5295 Highway 78, Suite D-289
Stone Mountain, GA 30087
252558778
770-978-4851 office
678-232-4541 cell
medleyterps@cs.com

September 2, 2003

ZAMI, Inc.
Attention: Beryl Jackson "BJ"
P.O. Box 2502
Decatur, GA 30031
404-370-0920

Service Provided: Specialized Sign Language Interpreting
Location: Sheraton Colony Square – Atlanta, GA
Job Description: Third Annual Drag King Show
Date of Service: Saturday, August 30, 2003 9:00 p.m. – 11:00 p.m.

Costs as listed in Purchase/Service Agreement:

Interpreting cost:

* Discount rates applied for non-profit status company/organization
* Differential added for Specialty Interpreting – Performance
* Differential added for short notice (less than 3 business days notice)

Total Interpreting Cost = $ 250.00

** "Portal to Portal" & "Expenses Incurred" cost categories have been waived. **

Amount Due **$250.00**

*Reminder: Payment is due 30 days from receipt of invoice.

Thank you for choosing Medley Interpreters, LLC for your interpreting needs.

TRANSMISSION VERIFICATION REPORT

TIME : 03/22/2004 03:56

DATE,TIME	03/22 03:55
FAX NO./NAME	4043772726
DURATION	00:01:32
PAGE(S)	02
	COVERPAGE
RESULT	OK
MODE	STANDARD
	ECM

Holiday Inn Select Atlanta/Decatur

130 Clairemont Ave., Decatur, Georgia 30030 Ph: 404-371-0204 Fax: 404-377-2726

HOTEL CONFIRMATION & AGREEMENT

Today's Date: March 11, 2004
Sales Manager: Ann Farrell

GROUP INFORMATION

ACCOUNT:	Zami, Inc.		
POST AS:	Zami, Inc.		
CONTACT:	Janiece Thompson		
TITLE:	planner	ON-SITE CONTACT:	
ADDRESS:	PO Box 2502		
	Decatur, GA 30031		
TELEPHONE:	404/370-0920	FAX: 404/377-0271	

ROOM INFORMATION

GUEST ROOM BLOCK
Arrival: Friday, 9/17/2004
Departure: Sunday, 9/20/2004

	Fri 09/17	Sat 09/18
Run of House	10	10

The Holiday Inn Select Atlanta/Decatur does not guarantee specific room type availability. Requests will be accommodated to the best the Hotel's ability. Hotel check-in time is after 3:00pm on day of arrival. Check-out time is before 12:00pm on day of departure.

SLEEPING ROOMS RATE & PAYMENT INFORMATION

All rates are subject to the prevailing city and state taxes. Currently, taxes total 14% and are subject to change.

Room	Single Rate	Double Rate
Run of House	79.00	79.00

Reservations Made By: ___Individual _X_ Rooming List **Guaranteed By:** _X_ Company / Group ___Individual Credit Card

Cut-Off Date: Reservations received after **Wednesday, 8/18/2004 12:00:00 AM**, will be provided on a space available basis at prevailing rates. **(CLIENT MUST INITIAL)** _____

Method of Sleeping Room Billing:

___Individual Pays Own Charges ___Group Master Bill Pays All Charges
___Direct Bill Room and Tax Only _X_ Group Master Bill Pays Room and Tax Only **Credit card**
___Direct Bill All Charges ___Credit Card at Checkout (CC Auth. Form Attached)
___Deposit Due Date:_____ Amount _____ Date balance due:

CONTRACT TERMS

To guarantee rates quoted, the availability of sleeping rooms requested, meeting space, food & beverage and all other terms, this contract must be signed and returned by **8/23/2004 12:00:00 AM** or the Holiday Inn Select Atlanta reserves the right to release the guest rooms and function space held. I hereby accept the above stated terms and conditions, and further warrant that I have authority to sign on behalf of Zami, Inc.

Ann Farrell	Rooms Sales Manager	Email	March 11, 2004
	Title		Date

Executive Director 3/17/04

Organization's Authorized Signature **Title** **Date**

Holiday Inn Select Atlanta/Decatur

130 Clairemont Ave., Decatur, Georgia 30030 Ph: 404-371-0204 Fax 404-377-2126

HOTEL CONFIRMATION & AGREEMENT

Today's Date: March 9, 2004
Sales Manager: Ann Farrell

GROUP INFORMATION

ACCOUNT:	**Zami, Inc.**		
POST AS:	**Zami, Inc.**		
CONTACT:	**Janiece Thompson**		
TITLE:	**planner**	ON-SITE CONTACT:	
ADDRESS:	**PO Box 2502** **Decatur, GA 30031**		
TELEPHONE:	**404/370-0920**	FAX:	**404/377-0271**

ROOM INFORMATION

GUEST ROOM BLOCK
Arrival: Friday, 9/17/2004
Departure: Monday, 9/20/2004

	Fri 09/17	Sat 09/18	Sun 09/19
Run of House	10	10	10

The Holiday Inn Select Atlanta/Decatur does not guarantee specific room type availability. Requests will be accommodated to the best the Hotel's ability. Hotel check in time is after 3:00pm on day of arrival. Check-out time is before 12:00pm on day of departure.

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Run of House	79.00	79.00

Reservations Made By: _X_ Individual ___ Rooming List

Guaranteed By: ___ Company / Group _X_ Individual Credit Card

Cut-Off Date: Reservations received after **Wednesday, 8/18/2004 12:00:00 AM,** will be provided on a space available basis at prevailing rates. **(CLIENT MUST INITIAL)** ___ _____

Method of Sleeping Room Billing:

XX Individual Pays Own Charges ___ Group Master Bill Pays All Charges
___ Direct Bill Room and Tax Only _X_ Group Master Bill Pays Room and Tax Only
___ Direct Bill All Charges ___ Credit Card at Checkout (CC Auth. Form Attached)
___ Deposit Due Date:_____ _____ Amount: _____ Date balance due:

CONTRACT TERMS

To guarantee rates quoted, the availability of sleeping rooms requested, meeting space, food & beverage and all other terms, this contract must be signed and returned by **3/23/2004 12:00:00 AM** or the Holiday Inn Select Atlanta reserves the right to release the guest rooms and function space held. I hereby accept the above stated terms and conditions, and further warrant that I have authority to sign on behalf of Zami, Inc

	Rooms Sales Manager		March 9, 2004
Ann Farrell	Title	Email	Date

Organization's Authorized Signature *Title* *Date*

Time to Dine

1797 Spring Road, SE Suite 4
Smyrna, Georgia 30080
Phone:(770)384-1904
Fax: (770)384-1903

Catering Invoice

Booked	Event Date
9/23/2004	9/23/2004

Client/Organization	Booking Contact	Guests
Zami Mary Anne Adams P.O. Box 2502 Decatur, Georgia 30031	Zami Mary Anne Adams P.O. Box 2502 Decatur, Georgia 30031	25
		Order
		12413

Party Name	Theme	Sales Representative	Arrival	Start/Eat	Ending
Zami	Dinner	Chef Pepper		6:30	

Directions

Description of Item	Qty	Cost	Total
Fried Chicken		210.28	210.28T
Sauteed Greens with Garlic			
Black-eyes Peas			
Rice Pilaf			
Sweet Potato Pie			
Sweetened & Unsweetened Tea			
Delivery		0.00	0.00
Sales Tax		7.00%	14.72

Billing Type	Cardholder	Terms		
Check		Due on receipt	**Subtotal**	$225.00
Type of Card	Signature		**Payments/Credits**	$0.00
			Balance Due	$225.00

Unity Fellowship of Christ Church
P. O. Box 55429
Atlanta, GA 30308
404 - 752 - 5030
www.unityfellowshipchurchatl.org

INVOICE

429052

SOLD TO ZAMI	SHIP TO
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		10th Anniversary Banquet			
1		Table Reserved	300.00		300.00

adams 5840